

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		1		
5		2		1		
6	1		1			
7	1		1			
8		1		1		
9		1		1		
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16		2	1	1		
17	1		1			
18	1		1			
19	1		1			
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50						
TOTAL IND.	↓		15	↓		↓
TOTAL DEP.		↓	5			↓
TOTAL CLAIMS			20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS